

GRAPEVINE POLICE DEPARTMENT CITIZEN COMPLAINT

Every complaint of misconduct by a Grapevine Police Department employee is taken seriously and will be investigated completely where circumstances warrant. A police department representative will contact you concerning this matter within three (3) business days of our receiving your complaint. You may be asked to file a formal statement or complaint and to cooperate in an internal affairs investigation.

Please take the time necessary to complete the following form. Give specific information concerning the details of your misconduct allegation.

Complaint form provided by: _____ Date _____ Time _____

Date of Incident _____ Time _____ Location _____

Your Name _____ Date of Birth _____ Sex _____

Home Address _____

City _____ State _____ Zip _____

Occupation/Business _____

Home Telephone # _____ Business Telephone # _____

Best time and way to contact you between 8:00 AM to 5:00 PM, Monday through Friday.

Please list below any witnesses to the incident. Add additional sheets, if necessary.

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Name of Police Department Employee _____ ID# _____

If the employee's name is unknown, please give the employee's assignment and/or description.

☐ Plain Clothes/Detective ☐ Motorcycle Officer ☐ Civilian ☐ Patrol Officer ☐ Other

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State the details of your complaint and the acts of misconduct that you allege against the police department employee. (Use additional pages as necessary.)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Signature